

## EPP0358

**The outcomes of the computerized training of cognitive functions in patients with MCI in epilepsy**I. Blazhina<sup>1\*</sup> and V. Korostiy<sup>2</sup><sup>1</sup>Bucovinian State Medical University, Department Of Nervous Diseases Psychiatry And Medical Psychology, Chernivtsi, Ukraine and<sup>2</sup>Kharkiv National Medical University, Department Of Psychiatry, Narcology, Medical Psychology And Social Work, Kharkiv, Ukraine

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**Introduction:** Cognitive impairments have a considerable impact on the functioning of patients, their socialization and level of disability. Cognitive deficits significantly deteriorate the quality of patients' life. Currently, the possibilities of pharmacological correction of cognitive disorders in patients with epilepsy are limited.

**Objectives:** Study of non-pharmacological program of cognitive disorder correction in patients with epilepsy and the assessment of its efficiency.

**Methods:** We have studied the features of clinical and psychopathological manifestations in patients suffering from epilepsy. The study included 146 patients with epilepsy (85 men and 61 women) who were receiving inpatient care. The following psychodiagnostic techniques were used: MOCA test, Mini Mult test, Münsterberg test, depression and Hamilton anxiety scale, quality of life scale. 63 patients received cognitive training online, of which 30 patients also used psychoeducation methods.

**Results:** According to the MoCA findings, patients with epilepsy showed cognitive decline, the average score was 20.72, whereas healthy persons' average score was 27.36. The Quality of Life Scale: the average rate among all examined persons was 69.45 out of 100, 78.60 were the results of healthy persons. In patients with PG1, who used cognitive training and psychoeducation the results of the MoCA test showed an improvement in cognitive functions (1.4,  $p < 0.001$ ) and increased subjective assessment of quality of life (2.77,  $p < 0.05$ ).

**Conclusions:** The study of the use of cognitive training and psychoeducation in patients with epilepsy for cognitive functions, quality of life resulted in a positive outcome. Cognitive online training is an encouraging area in the rehabilitation of patients with cognitive decline.

**Disclosure:** No significant relationships.

**Keywords:** Cognitive disorders; MCI; Computerized training; epilepsy

## EPP0359

**Personal Health Budget: a new rehabilitation approach for severe mental illness within a caring community.**

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**Introduction:** Personal Health Budget (PHB) has been provided to consumers with severe mental illness within a policy shift toward a person-tailored mental healthcare treatment based on individual

unmet needs. PHB is an amount of money to support patient's health and wellbeing needs, which is planned and agreed between patients and their local NHS team. It is not new money, but it may mean spending money differently so that patients can get the care that they need. However, evidence of beneficial effects of PHB is still scarce.

**Objectives:** The aim of this study was to provide preliminary data on clinical and social benefits of adding PHB to a standard pharmacotherapy in patients with severe mental illness across a 24-month follow-up period.

**Methods:** 137 individuals with severe mental illness (aged 18–50 years) were recruited in one of the adult mental health services of an Italian Department of Mental Health. They completed the Global Assessment of Functioning scale, the Health of the Nation Outcome Scale and the Brief Psychiatric Rating Scale. Friedman's test for repeated measure was used to assess the longitudinal stability of functioning and clinical parameters. A linear regression analysis was also performed.

**Results:** A significant decrease in all GAF scale, HoNOS and BPRS scores along the 24 months of follow-up was observed. Regression analysis results specifically showed a relevant association between a PHB multi-axial intervention and the longitudinal reduction in BPRS 'Negative Symptoms' and HoNOS 'Social Problems' sub-scores.

**Conclusions:** Our findings support the useful implementation of a PHB approach for severe mental illness patients within the Italian mental health service network.

**Disclosure:** No significant relationships.

**Keywords:** Personal Health Budget; rehabilitation; Community; mental health care

**Schizophrenia and other Psychotic Disorders 04**

## EPP0361

**Does technology-based interventions in psychosis improved functioning and quality of life? A systematic review and meta-analysis**C. Morales-Pillado<sup>1</sup>, T. Sanchez-Gutierrez<sup>1</sup>, B. Fernandez-Castilla<sup>2</sup>, S. Barbeito<sup>1</sup>, E. Gonzalez-Fraile<sup>1</sup> and A. Calvo<sup>1\*</sup><sup>1</sup>Universidad Internacional de La Rioja, Faculty Of Health Sciences, Madrid, Spain and <sup>2</sup>University of Leuven, Faculty Of Psychology And Educational Sciences, Leuven, Belgium

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**Introduction:** Technology-based interventions (TBIs), including computer and Internet-based interventions, mobile interventions, health applications, social media interventions, and interventions using technological devices, could become a useful, effective, accessible, and cost-effective approach (Berry et al., 2016; Firth, 2016) to complement conventional interventions for psychosis

**Objectives:** to compare TBIs with conventional interventions for psychosis, focusing mainly on functioning and quality of life.

**Methods:** The systematic review preceding this work was based on 58 RCT of TBIs for psychosis. We selected the studies that analyzed functioning ( $N = 23$ ) and quality of life ( $N = 15$ ). We calculated the standardized mean change (SMC) and applied a three-level model because there were several effect sizes within the same study.